

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

lincoln.ne.gov



June 1, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Box Awesome, 815 'O' Street requesting a class C liquor license.

This location was previously known as Chatterbox which held a class C liquor license

Jeremiah Moore, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jeremiah Moore was born in Seward, Nebraska. He attended Pius X High School graduating in 1997.

Jeremiah Moore employment history is as follows:

2005 - Present	Manager, Chatterbox	Lincoln, NE.
1993 - 2005	Supervisor, Morning Star Cleaning	Lincoln, NE.
2000 - 2004	Cook, Center Pointe	Lincoln, NE.
1999 - 2000	Laborer, Nebraska Landscapes	Lincoln, NE.
1998 - 1999	Manager, Papa Johns	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: Box Awesome

Address : 815 'O' Phone: \_\_\_\_\_

Type of Investigation : Purchase Upgrade Expansion New  
Owner Manager Other: \_\_\_\_\_

Type of Business: Bar

Liquor Class A B C D I J K Catering Other: \_\_\_\_\_

Ownership: Corporation Partnership Individual

Amount Financed: 5000<sup>00</sup> Source: WELLS FARGO

Lease Agreement: 2yr 1950 + 1/3 wtl.

Sales: %Food: 0 %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: JUNE - 07

Food Service: Yes No Employees: F/T 1 P/T 5

Est Seating: 150 + Est Daily Customers 60

Hours of Operation: 6pm - 1am 7 days

Any Additional Comments: \_\_\_\_\_

Liquor License Investigation

Business (DBA) Box AWESOME

☒ Manager ☒ Owner Other \_\_\_\_\_

Name: Jeremiah Moore

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 50+

Any other employment ? ☒ No Yes, explain \_\_\_\_\_

Any previous experience with a liquor license ? ☒ Yes No

Any criminal convictions ? ☒ No Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes  
Comments \_\_\_\_\_

☒ Photo ☒ Records Check ☒ References

Comments \_\_\_\_\_

Interview Date 5/31/07

# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.nol.org/home/NLCC/

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MAY 15 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)                                   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits               | \$ 45.00 10,000 min. |
|                          |   | (additional fee of \$100 to \$1,000-call for exact amount) |                      |
| <input type="checkbox"/> | W | Wholesale Beer   | \$545.00 5,000       |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$795.00 5,000       |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 1,000       |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License, requires insert form 1                            |
| <input type="checkbox"/>            | Partnership License, requires insert form 2                           |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm address: \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) BoxAwesome

Street Address #1 815 0st #2

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2

Zip Code 68508

Telephone number at premise to be licensed 402-477-0952

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Box Awesome

Street Address #1 815 0st #2

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster

Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

*See attached*

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☒ Yes If yes, please explain below or attach a separate page.  
☐ No

Minor Traffic tickets have been issued 3 each  
within the past.

non-alcohol related

mip as minor took  
diversion class

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2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes \_\_\_\_\_  
☒ No

Chatterbox  
The Chatterbox

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☒

Yes Cooler Systemed owned by the Landlord (US Property)

☐

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo, Jeremiah Moore

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Jeremiah Moore 45 hr/wk

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13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Has completed required health & beverage association courses. Both courses completed in Lincoln in 2006.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



Lease: expiration date

5-31-2009



Deed



Purchase Agreement

15. When do you intend to open for business? June-July (Asap)

16. What will be the main nature of business? What are the anticipated hours of operation? Box Awesome is a live music venue, with bar services.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<u>Jeremiah Moore</u>	<u>78</u>	<u>07</u>	<u>Lincoln, NE</u>
<u>Leah Powell Moore</u>	<u>82</u>	<u>07</u>	<u>Lincoln, NE</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance



of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

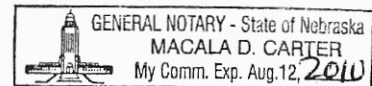
✓ Jeramie Moore (sign here) \_\_\_\_\_ (sign here)  
✓ Phil Smith (sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)

Subscribed in my presence and sworn to before me this

16<sup>th</sup> day of May, 2007

Macala D. Carter

Notary Public Signature & Seal

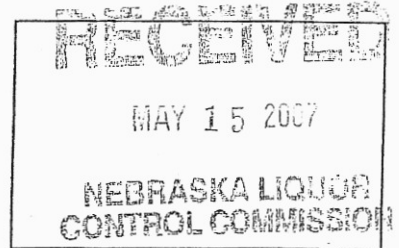


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.)

Box Awesome LLC

Corporate Street Address: 815 Ost #2

City: Lincoln State: Ne Zip Code: 68508

Corporate Telephone Number 402-310-7919

Total number of shares issued (if corporation) \_\_\_\_\_

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent Jeremiah Moore

Name of Proposed Manager Jeremiah Moore

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Moore First Name: Jeremiah MI MI

Address Street 6424 Benton City Lincoln

State Ne Zip Code 68507 Home Phone number 402-310-7919

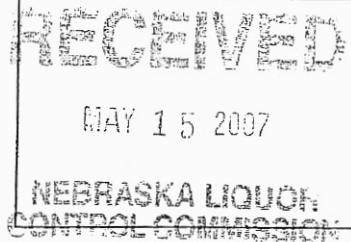
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

✓ Address Street 6424 Benton City Lincoln

APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b

\*MUST BE A NEBRASKA RESIDENT\*

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.nol.org/home/NLCC/](http://www.nol.org/home/NLCC/)



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Box Awesome LLC

✓ CLASS & LICENSE NUMBER \_\_\_\_\_

TRADE NAME ~~Box~~ Box Awesome

STREET ADDRESS 815 Ost #2 CITY Lincoln

✓ Jeremiah Moore  
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Jeremiah Moore

ADDRESS 6424 Benton

✓ CITY Lincoln STATE Ne ZIP CODE 68507

HOME PHONE NUMBER 402-310-7919 BUSINESS PHONE NUMBER 402-310-7919

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH Seward, Ne

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

✓ SPOUSE NAME Leah Powell-Moore

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

*signed  
prints*

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Moore First Name Jeremiah

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title CEO Number of Shares \_\_\_\_\_

*signed  
prints*

Spouse Name (indicate N/A if single) Leah Powell

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_